

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONER**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

Keith Alexander	GP1965	:
Full Name of Plaintiff	Inmate Number	:
v.		:
Thomas McGinley		:
Name of Defendant 1		:
Kathy Bisco		:
Name of Defendant 2		:
Justin Agosta		:
Name of Defendant 3		:
Lindsay Nye		:
Name of Defendant 4		:
Name of Defendant 5		:
(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).		:

**FILED
SCRANTON**

NOV 30 2020

PER _____
SJ _____
DEPUTY CLERK

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Alexander, Keith

Name (Last, First, MI)

GP1965

Inmate Number

SCI Coal Township

Place of Confinement

1 Kelley Drive

Address

Coal Township, PA 17866

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

McGinley, Thomas

Name (Last, First)

SCI Coal Township Superintendant

Current Job Title

1 Kelley Drive

Current Work Address

Coal Township, PA 17866

City, County, State, Zip Code

Defendant 2:

Bisco, Kathy

Name (Last, First)

SCI Coal Township Unit Manager

Current Job Title

1 Kelley drive

Current Work Address

SCI Coal Township, PA 17866

City, County, State, Zip Code

Defendant 3:

Agosta, Justin

Name (Last, First)

SCI Coal Township Commissary Officer

Current Job Title

1 Kelley Drive

Current Work Address

Coal Township, PA 17866

City, County, State, Zip Code

Defendant 4:

Nye, Lindsay

Name (Last, First)

SCI Coal Township Commissary Officer

Current Job Title

1 kelley Drive

Current Work Address

Coal Township, PA 17866

City, County, State, Zip Code

Defendant 5:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

The grievous injuries that I sustained to my achilles tendons occurred at SCI Coal Township on the walkways just before you go through Gate 9.

Security footage will support this fact.

B. On what date did the events giving rise to your claim(s) occur?

This event occurred on Friday August 14th, 2020 at approximately

9:30am.

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

On the aforementioned date myself and 4 other CoVid-19 cleared assigned commissary workers were told to go to the commissary to pick up and bring back the block commissary carts by unit Manager Kathy Bisco. At the time I was not cleared by PA DOC policy to do this. During the transition of the commissary carts to the block , without SCI Coal Township Commissary Officer Justin Agosta or Lindsay Nye accompanying as per PA DOC policy supervising, the commissary cart behind me was pushed into me by another inmate causing grievous injuries to my achilles tendons that required immediate surgery to repair the injuries.

(See attached sheet for additional details)

- 1.) Instructed by SCI Coal Township Unit Manager Kathy Bisco to go to commissary to assist with bringing commissary cart back to block even though I was NOT vetted to do so per PA DOC policy as I was NOT an assigned commissary worker.
- 2.) As per PA DOC policy there is to be an assigned SCI Coal Township Commissary Officer or Officers accompanying commissary carts when being taken to the blocks. Neither of the 2 assigned Commissary Officers at SCI Coal Township, Justin Agosta or Lindsay Nye were in escort with the commissary carts back to the block.
- 3.) The commissary cart that caused the injuries to my ankles are and Achilles tendons, was a manufactured cart by the PA DOC Commissary Industries Shop that did NOT have incorporated safety features such as:
 - a.) Any kind of breaking mechanism so that the commissary cart could be stopped when needed as these commissary carts are filled, at times, with hundreds of pounds of commissary. Thus making it next to impossible for an inmate pushing one to stop it immediately when needed.~~NO RUBBER SAFETY IN FRONT OF COMMISSARY CART~~
 - b.) These custom made commissary carts are also over 6 foot in height thus impeding a persons line of sight while pushing it.
 - c.) The front of these commissary carts have a sharp protruding metal bar that is NOT covered by any kind of protection to prevent injury to a person if it is pushed into them from behind.

As per PA DOC policies internal PA DOC grievances have been filed on this issue. The exact extent of my injuries sustained are on file at Geisinger Hospital where I was taken for emergency surgery on Friday August 14th, 2020 to repair the inflicted injuries to my ankles area and Achilles tendons. #(570) 644-4562 Located in, SHANICKIN Hospital.

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

My Achilles tendons were sliced open at my ankle area. The left one require 50 stitches and the right one 17 stitches.

VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

The relief I'm seeking is appropriate monetary damages for pain and suffering, complete medical cost coverage while incarcerated and after release as well as any costs associated with rehabilitation if needed.

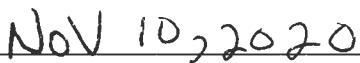
VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.



Signature of Plaintiff



Date

DEAR COURT CLERK

Enclosed my civil complaint 4 Defendants
2# is for a copy return'd back to me, to view -
to see if, Defendants (tamper'd with) filings. And
The #400 is for, filing my civil complaint. Also
would your office "send me, a copy of the -
postage paid envelope this complain came in."
The check should be there next week!"
which would be paid "already both (my filing)
A for copy's I'm asking for, for copy's above.
Also "appointment of counsel" enclosed also.

P.S. 1) URGENT ATTENTION

Once "check" arrive"

① FOR COPY'S , FOR ABOVE!"

~~RESEND~~ Defendant is,

Tamper'd with all my

"mail leaving"

The "PRISON"

Yours truly
Keith Alexander

NOV 10, 2020

DEAR COURT CLERK

NOV 10, 2020

ENCLOSED is my filing fee, up front, \$ 402.00
FOR MY "INJURIES", THAT HAPPEN Aug 14, 2020,
~~DOCKETS~~ THE EXTRA \$2 DOLLARS is FOR, A COPY "Returned
OF my Filings" THE "Defendants" NOT send my mail
OUT, "yes" THEY ARE TAMPERING, WITH ALL MY MAIL!!
BUT, THE (CIVIL) (COMPLAINT) SHOULD BE THERE, BUT,
I'M AWAITING ON "YOUR" ~~OFFICE~~ OFFICE! FOR FORMS
I NEED, (3 OF EACH) (AO 398) & (AO 399) FOR
ADDITIONAL (Defendants)

P.S. PLEASE RESPOND,

ONCE THE filing fee's
GET THERE!!

Yours truly
Keith Alexander

MR. KEITH ALEXANDER #GP-7965

1 Kelley Drive
COALTOWNSHIP, PA 17866

INMATE MAIL
PA DEPT OF
CORRECTIONS
NOV 20 2020 PM 6



U.S. POSTAGE » PITNEY BOWES
ZIP 17866 \$ 000.50⁰
02 4W
0000365961 NOV 19 2020

To: UNITED STATES COURT HOUSE
SCRANTON
middle DISTRICT OF PENNSYLVANIA
P.O. Box 1148 PER _____
235 N. WASHINGTON, AVENUE, DEPUTY CLERK
SCRANTON, PA 18501
18501-500199

Mr. Keith Alexander
1 Kelley Drive
COALTOWNSHIP, PA

PA DEPT OF
CORRECTIONS



U.S. POSTAGE » PITNEY BOWES
ZIP 17866 \$ 000.45⁰
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RECEIVED
SCRANTON

NOV 30 2020

PER _____
DEPUTY CLERK

Court (Order) Returned!

To: UNITED STATES
COURTHOUSE, middle DISTRICT OF -
PENNSYLVANIA. 235 NORTH WASHINGTON, AVENUE
P.O. Box 1148
SCRANTON, PA 18501-1148